

Patent
Attorney Docket No. 032722-571

19704 U.S. PTO
10/627660
07/28/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Patent Application of
U.S. Patent No. 4,984,972
Inventor: Earl W. CLAUSEN et al.
Issue: January 15, 1991
For: CENTRIFUGAL BLOOD PUMP

MAIL STOP - REISSUE



21839

**TRANSMITTAL LETTER FOR APPLICATION
FOR REISSUE OF UNITED STATES UTILITY PATENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an application for reissue of United States Letters Patent No. 4,984,972 issued on January 15, 1991 to:

1) Earl W. CLAUSEN, and 2) Lloyd C. HUBBARD and
assigned to TERUMO CARDIOVASCULAR SYSTEMS CORPORATION.

Enclosed herewith are the following documents:

- Copy of the original Letters Patent No. 4,984,972
in double column format together with amended claims
- Reissue Application Fee Transmittal form
- Declaration Under 37 C.F.R. § 1.175
- Assent of Assignee Under 37 C.F.R. § 1.72(a) and § 3.73(b)
- Power of Attorney
- Five Sheet(s) Drawings (Figs: 1-8)
- Information Disclosure Statement
- Reissue Application Fee Transmittal Form (PTO/SB/56)
- Reissue Application Filing fee by check for \$750.00.

It is requested that all future correspondence relating to this application for reissue of U.S. Patent No. 4,984,972 be addressed to:

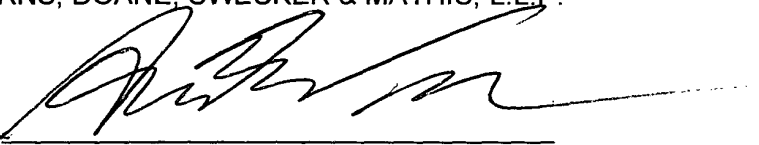
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Alexandria, VA 22313-1404

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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. § 1.16, §1.17 and §1.21 that may be required by this paper, and to credit any overpayment to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By 

Alan E. Kopecki
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Date: July 28, 2003

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number 032722-571	
Claims as filed - Part 1						
Claims in Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Fee	
45	Total Claims	45	---	x \$18 =	---	
4	Independent	4	---	x \$84 =	\$0.00	
Basic Fee (37 CFR 1.16(h))					\$750.00	
Total of above calculations					\$750.00	
<input type="checkbox"/> Reduction by 50% for filing by small entity					\$0.00	
Total Filing Fee					\$750.00	

Claims as Amended - Part 2						
	Claims Remaining After Amendment (after any cancellation)	Highest Number Previously Paid For	Extra Claims	Rate	Fee	
Total Claims	-	= 0	x \$18 =	\$0.00		
Independent	-	= 0	x \$78 =	\$0.00		
Total of above calculations					\$0.00	
<input type="checkbox"/> Reduction by 50% for filing by small entity					\$0.00	
Total Additional Fee					\$0.00	

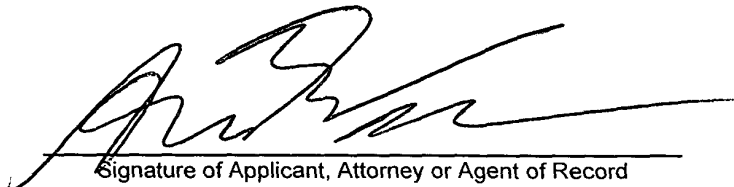
■ Please charge Deposit Account No. 02-4800 in the amount of _____

A duplicate copy of this sheet is enclosed.

■ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4800. A duplicate copy of this sheet is enclosed.

✓ A check in the amount of **\$750.00** to cover the filing/additional fee is enclosed.

July 28, 2003
Date


Signature of Applicant, Attorney or Agent of Record

Alan E. Kopecki, Registration No. 25,813
Typed or printed name